AMENDMENT TRANSMITTAL LETTER							Docket No. 59802(49947)	
Application No. 10/531,964-Conf. #8976		Filing		Examiner	Art Un			
		December 7, 2005		No	Not Yet Assigne		ed 1637	
plicant(s): Dav								
enilor.	DDS OF ASSE		RISK OF REP	RODUC	TIVE FAILU	RE BY MEA	SURING	
•	TO	THE COMMI	ISSIONER FO	OR PAT	ENTS			
ransmitted here					ication.			
he fee has beer	n calculated an							
**************************************	Claims	CLAIM Highest	S AS AMENI	DED				
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims Independent	41	- 41 =	0	Х	25.00		0.00	
Claims	9	- 9 =	0	X	105.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00	
Large Entity		e		x S	Small Entity			
x No additiona	,							
	ge Deposit Acc copy of this she			the am	ount of \$		•	
A check in th	e amount of \$		to cover	the filing	j fee is enclo	sed.		
Payment by	credit card. Fo	orm PTO-2038	is attached.					
	is hereby auth		-	-		04-11	05	
	below. A dup		this sheet is e	nclosed				
<u> </u>	ıy overpaymer					OFD 4.40 =		
x Charge a	ny additional fili	ng or applicatio	n processing to	ees requ	iirea unaer 37	CFR 1.16 a	na 1.17.	
[M				D	ated:	May 5, 200)8	
Tbert Chiang, F Attorney/Agent I		225						
EDWARDS AND			В					
P.O. Box 55874			-r					
Boston, Massac 617) 517-5502	husetts 02205	5						
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